



PROVIDER ALERT

September 17, 2010

CSA Guide to Extended Support Service Exceptions

Historical Authorizations Not In ProviderConnect:

To satisfy Extended Support Services (ESS) requirements, for consumers whose only SE authorizations on file with ValueOptions® have been for ESS and no other Supported Employment (SE) service type, a new Pre-Placement request is submitted by the Provider prior to the ESS request to account for historical authorizations left behind in the MAPS system. This process is required only once per consumer.

On the "Type of Service" screen, under the "Clinical Criteria" section, please note the message left for this purpose.

Additional Required Reporting Data

*Race (Check all that apply)

- White American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander Not Available

*Ethnicity

*Hurricane Victim Yes No Not Available

Name of Consumer's MCO/PCP

*Marital status

*Living Situation

*Employment Status

*Is this consumer a Veteran? Yes No Not Available

Which war is this consumer a veteran of (if more than 1 note most recent)?

*Is this a transition age youth Consumer?

*If requesting PRP, was consumer referred by a licensed clinician?

Name of clinician

*If requesting PRP for a child, is the child in active treatment?

[Clinical criteria](#)

Selected Criteria:

Clinical criteria narrative

(114 of 1000)
This pre-placement Supported Employment request was created for historical reference. An ESS request will follow.





On the “Requested Service” screen, void the request for the Pre-Placement authorization detail line. This will still satisfy the ESS requirement without negatively impacting claims.

Authorizations Letter Summary

Authorization # [REDACTED] Auth Status **O - OPEN** Next Review Date (MMDDYYYY) 07312011

Client Number [REDACTED] Open Authorization Code Yes No NPI # for Authorization SELECT... Designated Contact 0 Name [REDACTED]

Claim Type [REDACTED] Description [REDACTED] Provider Capacity [REDACTED] Description [REDACTED]

NPI ID **MULTIPLE** Provider ID [REDACTED] Vendor ID [REDACTED] First Name [REDACTED] Last Name [REDACTED]

NPI ID [REDACTED] Alternate Provider ID [REDACTED] Alternate Vendor ID [REDACTED] First Name [REDACTED] Last Name [REDACTED]

Comments [REDACTED] Use Provider Mailing Address for Correspondence

Added By **V1WSSO** Date Added **08/26/2010** Time Added **09:29:50 AM** Changed By **C6SCHORM** Date Changed **09/08/2010** Time Changed **10:28:12 PM**

AUTH DETAILS

C	POS	Svc Cls	Svc Cd	MD1	MD2	Eff Date	Exp Date	Req	Apr	Act	Reason	Ltr	Sts	Pay Amt	FUND
<input type="checkbox"/>	11	PPL				082510	073111	0	0	0	WVO	N	O	0.0	FMCD
<input type="button" value="Hold"/> <input type="button" value="Clear"/>															



Extended Support Services Requested Start Date Validation

If an ESS is requested and a JPL is already on file, the authorization start date may require modification by the CSA during the review. The Provider will verify the authorization span via ProviderConnect after the CSA review. This process is only necessary once per consumer for historical job placement authorizations without a primary job. Going forward, a primary job is required for all job placement authorizations.

(O) Reviews ADMIN | REAL-TIME REPORTING | LOG OUT
Monday, September 13, 2010

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Review Header	Requested Start Date 09/08/2010	Review Date 09/08/2010	Type of Review CR - CONCURRENT REVIEW	Provider Name [REDACTED]	NPI ID MULTIPLE	Provider ID [REDACTED]	Provider Managed N
Member Name	[REDACTED]	Member ID [REDACTED]	Member Managed N	Member Flags N	CAS Member Notes N		
Level of Service	OP - OUTPATIENT/COMMUNITY BASED		Type of Service MENTAL HEALTH	Level of Care SUPPORTED EMPLOYMENT	Type of Care SUPPORTED EMPLOYMENT	Document Control Number	
Added By	Date Added 09/08/2010	Time Added 09:58:02 AM	Changed By [REDACTED]	Date Changed 09/08/2010	Time Changed 09:58:03 AM	Case Owner [REDACTED]	NPI # for Authorization SELECT...

- For this ESS request, the Requested Start Date should be: 10/12/2010. Please update to continue.

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Supported Employment Program

[Print DORS Application](#)

- *Are you requesting Supported Employment Pre-Placement? Yes No
- *Are you requesting Supported Employment Job Placement? Yes No
- *Are you requesting Supported Employment Intensive Job Coaching? Yes No
- *Are you requesting Supported Employment Extended Services? Yes No
- *Are you an Evidence Based Practice (EBP) program? Yes No
- Are you requesting Clinical Coordination? Yes No

Review #
01-081710-1-4-5-12

Review Notes

Type [CLINICAL](#)

[Save Notes](#)

Notes History



Concurrent ESS Authorization Span Adjustment:

The Extended Support Services authorization span corresponds to the existing Job Placement authorization (plus 46 days). This dependency on the Job Placement causes an overlap instead of a continuation of service for a concurrent Extended Support Services request. The authorization span of the concurrent ESS request must be updated, as appropriate, during the review process and verified by the Provider via ProviderConnect after the review. The authorization span for a concurrent ESS request will be adjusted automatically in a future release.

Authorizations Letter Summary

Authorization # [REDACTED] Auth Status **O - OPEN** Next Review Date (MMDDYYYY) [REDACTED]

Client Number [REDACTED] Open Authorization Code Yes No NPI # for Authorization SELECT... Designated Contact Name [REDACTED]

Claim Type [REDACTED] Description [REDACTED] Provider Capacity [REDACTED] Description [REDACTED]

NPI ID **MULTIPLE** Provider ID [REDACTED] Vendor ID [REDACTED] First Name [REDACTED] Last Name [REDACTED]

NPI ID [REDACTED] Alternate Provider ID [REDACTED] Alternate Vendor ID [REDACTED] First Name [REDACTED] Last Name [REDACTED]

Comments [REDACTED] Use Provider Mailing Address for Correspondence

Added By **V1WSSO** Date Added **08/18/2010** Time Added **12:22:03 PM** Changed By **V1WSSO** Date Changed **08/18/2010** Time Changed **12:22:03 PM**

AUTH DETAILS

C	POS	Svc Cls	Svc Cd	MD1	MD2	Eff Date	Exp Date	Req	Apr	Act	Reason	Ltr	Sts	Pay Amt	FUND		
				MD3	MD4												
<input type="checkbox"/>	11	JPL				081810	100210	1	1	0	A01	N	O	0.0	FDUL	Hold	Clear
<input type="checkbox"/>	11	ESS				100310	093011	12	12		A01	N	O	0.0	FDUL	Hold	Clear
<input type="checkbox"/>	11	ESS				100310	093011	12	12		A01	N	O	0.0	FDUL	Hold	Clear

Suppress from display or download in ProviderConnect; voided authorization is a wrong provider or wrong member error and may result in an impermissible disclosure

In the screenshot above, the effective and expiration dates in red must be manually updated to 10/1/11 and 9/30/12 respectively.